MULTIPLE DEP FEE CALCULATION SHEET

APPLICANT(S)

SERIAL NO.

FILING DATE

(FOR USE WITH FORM PTO-875)

ł							
	AS F	ILED		TER NDMENT	AFTER 2 MAMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
3							
4	_	4					
5		1					
6							
7 8							
9							
10							
11							
12 13							
14							
15							
16							
17 18		-					
19				1 /			
20							
21		-		_/_		· ·	
22				-/			
24				/			
25							
26			/	/			
27 28		-	- /				
29							
30		\Box	7				
31 32		_	f	<u> </u>		·	
33		1	7 - 1				
34				/			
35		\dashv		\mathcal{Z}			
36 37			- 	\leftarrow			
38		 	/ 1	- 			
39							
40		1		+1			
41 42		1		- ∤∦			
43				_ + -			
44		\Box			· ·		
45 46	• •						
46				-			
48		Ã					
49		BY I		\Box			
50		4		-			
OTAL IND.		4		#		4	
OTAL DEP	<u>. </u>	4		4		4	
TOTAL CLAIMS							

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52 53						
54		 (++-		
55		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
56		(d)				
57		(1)				
58 59		94				
60		<u> </u>				
61						
62						
63						
64						
65						
67						
68						
69						
70						
71 72						
73						
74	_					
75						
76						
77						
78 79						
80						
81						
82						
83						
84						
85						
86 87					 	
88						
89						
90						
91 92			$-\!\!-\!\!\!\!-$			
93						
94						
95						
96						
97 98						·
99						
100			 ;†			
TOTAL IND.		4	4	#		1
TOTAL DEP		(35	4		-
TOTAL CLAIMS			34			

PTO - 1360 (REV. 11/04)